

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for date of service 02/22/01?
  - b. The request was received on 02/20/02.

## **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC-60a/b and Letter Requesting Dispute Resolution dated 06/25/02
  - b. UB-92s
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC-60 and Response to a Request for Dispute Resolution dated 07/11/02
  - b. UB-92s
  - c. Reimbursement data
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 07/01/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 07/01/02. The response from the insurance carrier was received in the Division on 07/11/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: letter dated 06/25/02  
“The date of service involved in this dispute was from February 22, 2001 for treatment regarding the above-referenced claimant’s work-related injury. The Carrier denied payment with payment exception code ‘M’ for all items provided in the UB-92, which were Fee Codes with a ‘MAR’ and treatment codes without a ‘MAR’.”
2. Respondent: letter dated 07/11/02  
“It is the Carrier’s position that a) the requester failed to produce any credible evidence that its billing for the disputed procedures is fair and reasonable; b) the requester failed to prove its usual and customary fees for the service in dispute is fair and reasonable are consistent with Section 413.011(b); c) the Carrier’s payment is consistent with fair and reasonable criteria established in Section 413.011(b) of the Texas Labor Code; and d) Medicare fair and reasonable reimbursement for similar or same services is below the Carrier’s. Consequently, it is the Carrier’s position that no further reimbursement is due the requester.”

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 02/22/01.
2. The provider billed a total of \$6,012.97 on the date of service in dispute.
3. The carrier reimbursed a total of \$397.80 and its EOB has the denial “M – FAIR AND REASONABLE REIMBURSEMENT FOR THIS ENTIRE BILL IS MADE ON THE ‘OR SERVICE’ LINE ITEM.”
4. The amount in dispute per the TWCC-60 is \$5,560.17. The difference between the billed amount and the amount reimbursed is \$5,615.17.

### **V. RATIONALE**

The medical documentation indicates the services were performed at an ambulatory surgery center. Commission Rule 134.401 (a)(4) states ASCs, “shall be reimbursed at a fair and reasonable rate...”

Section 413.011 (d) of the Texas Labor Code states, “Guidelines for medical services must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fees charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual’s behalf. The Commission shall consider the increased security of payment afforded by this subtitle in establishing the fee guidelines.”

The carrier has submitted sufficient documentation of its methodology and therefore, meets the requirements of Commission Rule 133.304 (i).

The provider has not submitted reimbursement data that would indicate the amount of reimbursement requested is fair and reasonable or that the amount received is not fair and reasonable.

Therefore, based on the documentation available for review, the Requestor has not established entitlement to additional reimbursement.

The above Findings and Decision are hereby issued this 5<sup>th</sup> day of August 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division